

## **EMERGENCY MEDICINE – KAISER VALLEJO**

### **I. Purpose/Rationale/Value**

It is expected that each PGY1 resident in the Kaiser Vallejo ER rotation will acquire:

1. The knowledge related to the diagnosis and management of patients with a wide variety of acute medical and surgical problems, in addition to patients with internal medicine problems.
2. The experience dealing with undifferentiated patients experiencing problems traditionally seen by surgeons, gynecologists, psychiatrists and surgical subspecialists.
3. The clinical management and interpersonal skills necessary for recognizing broad clinical syndromes and initiating proper therapy based upon a working knowledge of emergency medicine.
4. The professional attitudes and behavior necessary to care for emergency medicine patients with acute and surgical problems.
5. The experience required to become a proficient general internist, as pertains to the Emergency Medicine rotation.

### **II. Objectives**

#### **General**

1. The housestaff and faculty must participate in the initial evaluation of patients so as to define the etiology, pathogenesis, clinical presentation and natural history of diseases seen during this rotation.
2. It is generally expected that each housestaff develop an advanced level of skill and diagnosis, as well as mature judgment and resourcefulness in therapy as it pertains to the Emergency Medicine rotation.
3. To develop an appreciation for an approach to the ethical, cultural and socioeconomic dimensions of acute illness.
4. To develop attitudes and skills needed for continued self education throughout a professional career and the ability to critically assess the medical literature.

#### **Specific:**

1. To increase experience in the initial evaluation and treatment of acutely ill patients.

2. To learn effective, rapid and cost effective use of diagnostic and therapeutic technologies.
3. To learn to differentiate between those patients who require hospitalization for further evaluation and/or treatment and patients who may be managed as outpatients.
4. Initial assessment and treatment of drug overdose and evaluation of toxicologic emergencies.

### **III. Principal Teaching Methods**

Progressive levels of responsibility for patient care will occur for residents under the supervision of attendings.

Emergency room attending rounds, bedside teaching, didactic lectures, case presentations, assigned readings and clinical conferences are all teaching methods to be utilized during this rotation.

Teaching methods include, but are not limited to, the performance and mastery of the following:

1. Medical history
2. Physical examination
3. Diagnostic testing
4. Formulation of problem lists/differential diagnosis
5. Development of cost effective management plans
6. Performance of discharge planning
7. Development of appropriate interpersonal relationships with patients, families, other residents, health care workers, and attending physicians
8. Development of behaviors to include integrity, respect and compassion
9. Development and implementation of ethical standards and appropriate behavior to this rotation.
10. Appropriate professional interaction with primary care providers.
11. Foster continuity of care.

## **Mix of Diseases/Patient Characteristics/Types of Clinical Encounters**

### **Mix of Diseases**

A wide range of patients with acute diseases to include patients with disorders described in the knowledge objectives of this curriculum

### **Patient Characteristics**

Patients of both sexes with a wide range of ages with acute medical and surgical illnesses from the Kaiser Vallejo HMO.

### **Types of Clinical Encounters**

Primary evaluation and therapy of acutely ill patients. This may range from simple minor trauma to major medical and surgical resuscitation.

## **IV. Educational Content**

### **A. Skills Objectives**

Procedures required during a 3 year Internal Medicine Residency include the following. Residents should have their procedure books with them to have the preceptor sign off

- ABGs – goal 5
- Central Lines – goal 5
- Thoracentesis – goal 5
- Paracentesis – goal 5
- Spinal Tap – goal 5
- Nasogastric Tube Placement – goal 3
- Knee Arthrocentesis – goal 3
- Pelvic, rectal, breast exams- goal 5

Residents should be familiar with treatment of common orthopedic injuries such as extremity splinting. They should learn minor burn care, foreign body removal, minor laceration repair, use of dermabond and incision with drainage of abscesses

### **B. Patient Characteristics:**

The patients are members of the Kaiser HMO. The adult patients range in age from adolescent to geriatric. Both genders are equally represented. The acuity of the patients will vary. They may be brought in by ambulance and require emergent cardiac life support and stabilization or they may be ambulatory patients presenting with emergent conditions.

### **C. Knowledge Objectives:**

- a. Cardiovascular: e.g. chest pain, acute MI/angina, arrhythmias, CHF
- b. Pulmonary: e.g. COPD, PE, asthma, pneumonia
- c. Neurologic: e.g. syncope, stroke/TIA, seizures, altered mental status
- d. GI: e.g. acute abd, GI bleeding, acute liver disease
- e. ENT: e.g. Sinusitis, otitis, epistaxis, foreign bodies
- f. Orthopedics: e.g. fractures, sprains, tendon injury
- g. Dermatology: e.g. skin rashes, abscess, insect bites
- h. Soft tissue injuries: e.g. lacerations, foreign bodies, wound management
- i. Ophthalmology: e.g. eye injuries, acute red eye, foreign bodies
- j. Endo/Metab: e.g. thyroid storm/myxedema, DKA, adrenal insuff, acute gout, hypoglycemia
- k. Pharmacology: drug interactions and toxicology

### **V. Principal Ancillary Educational Materials**

Med-Line Capability

Individual divisional/departmental syllabus/bibliography for this rotation

### **VI. Methods to be Used for Evaluation**

Standard house officer evaluation forms to be completed by attending physician. The resident should receive mid rotation verbal feedback and a written end of the rotation evaluation that is discussed in person with the resident.

The residents will also provide feedback to the staff and complete a written evaluation of the rotation. The Internal Medicine residency administration section will keep copies of the evaluations for accreditation purposes.

### **V. Contact Information**

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